

FILED JAN 8 1952

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 40551

BIRTH NO.		REG. DIST. NO. 1	PRIMARY REG. DIST. NO. 3000	Registrar's No. 344
1. PLACE OF DEATH a. COUNTY ADAIR 0013		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE MISSOURI b. COUNTY ADAIR 0010		
b. CITY (If outside corporate limits, write RURAL and give township) KIRKSVILLE		c. CITY (If outside corporate limits, write RURAL and give township) GIBBS		
c. LENGTH OF STAY (in this place) 6 DAYS		d. STREET ADDRESS (If rural, give location)		
d. FULL NAME OF HOSPITAL OR INSTITUTION COMMUNITY NURSING HOME #1				
3. NAME OF DECEASED (Type or Print) a. (First) DANIAL b. (Middle) HALL c. (Last) HUSTON			4. DATE OF DEATH (Month) 12 (Day) 10 (Year) 51	
5. SEX MALE	6. COLOR OR RACE WHITE	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) MARRIED	8. DATE OF BIRTH JANUARY 1, 1970	9. AGE (In years last birthday) 81
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) POSTMASTER		10b. KIND OF BUSINESS OR INDUSTRY POSTAL SERVICE		11. BIRTHPLACE (State or foreign country) PENNSYLVANIA
12. CITIZEN OF WHAT COUNTRY? U.S.A.				
13a. FATHER'S NAME GEORGE R. HUSTON		13b. MOTHER'S MAIDEN NAME UNKNOWN		14. NAME OF HUSBAND OR WIFE EMMA HUSTON
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) NO		16. SOCIAL SECURITY NO. UNKNOWN		17. INFORMANT'S SIGNATURE OR NAME ADDRESS EMMA HUSTON COMMUNITY NURSING HOME
18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c) *This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) CARDIO-VASCULAR COLLAPSE ANTECEDENT CAUSES Morbidity conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) INANITION AND PEBILITATION DUE TO (c) PROSTATIC CARCINOMA II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.		
19a. DATE OF OPERATION NONE		19b. MAJOR FINDINGS OF OPERATION		20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>
21a. ACCIDENT SUICIDE HOMICIDE NONE		21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)		21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE) 177X
21d. TIME OF INJURY (Month), (Day), (Year) (Hour) (m.)		21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		21f. HOW DID INJURY OCCUR?
22. I hereby certify that I attended the deceased from DEC. 4, 1951, to DEC. 10, 1951, that I last saw the deceased alive on DEC. 9, 1951, and that death occurred at 7:00 A.M., from the causes and on the date stated above.				
23a. SIGNATURE M. T. Ginterschlag M.D. (Degree or title)			23b. ADDRESS Kirksville Mo	
23c. DATE SIGNED 12-10-51				
24a. BURIAL, CREMATION, REMOVAL (Specify) BURIAL		24b. DATE 12/12 1951		24c. NAME OF CEMETERY OR CREMATORY UNION CEMETERY
				24d. LOCATION (City, town, or county) (State) GIBBS Mo
DATE REC'D BY LOCAL REG. 12-23-51		REGISTRAR'S SIGNATURE Kate Lambert '0		25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS Gert Beasley & Co. Highland Mo

WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

Date Received: JAN 2 1
DISTRICT HEALTH OFFICE #2
District File Number 11-52-2
Date Filed: JAN 5 1952

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me, or by.....

Student Embalmer No.

working under my personal supervision.

Student
Student Embalmer

Signed

Licensed Embalmer No. *3755*

P. O. Address *Hurdland 7th*

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license.)

If this body is not embalmed, fact should be so stated above.